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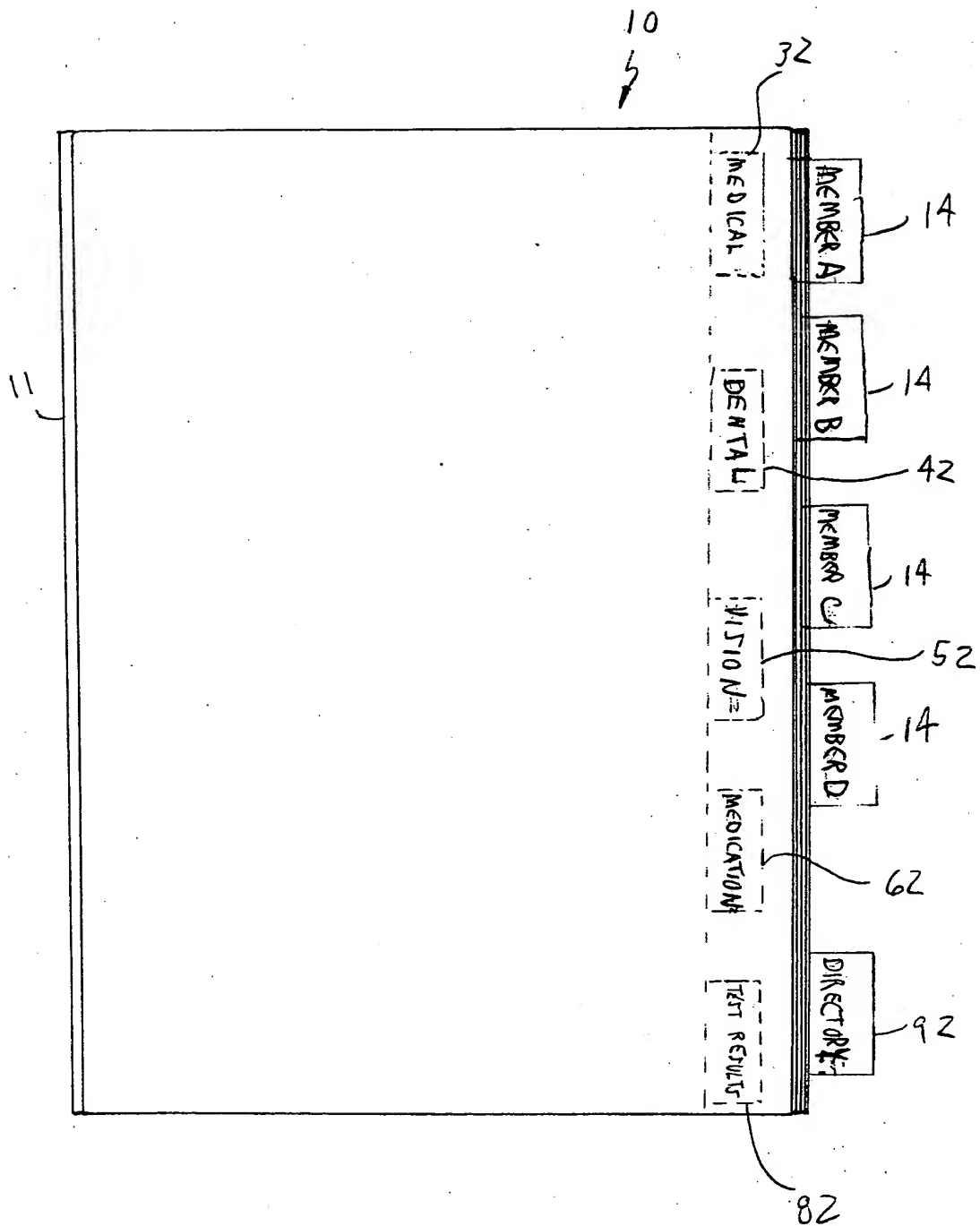
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FIG. 1



14

MEMBER

10

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SS#: \_\_\_\_\_

Bloodtype: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special  
Conditions: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FIG.2



*Medical*

36

# M \_\_\_\_\_

Date:

38

Medication ☐

34

32

Purpose:

Physician: Clinic/Hosp:

Diagnosis:

Treatment:

Follow-up:

# M \_\_\_\_\_

Date:

Medication ☐

Purpose:

Physician: Clinic/Hosp:

Diagnosis:

Treatment:

Follow-up:

# M \_\_\_\_\_

Date:

Medication ☐

Purpose:

Physician: Clinic/Hosp:

Diagnosis:

Treatment:

Follow-up:

FIG. 4



46		Dental		48	
# D	Date:			<input type="checkbox"/>	Medication
Purpose:					
Dentist/Ortho:					
Diagnosis:			X-Ray:		
Treatment:					
Follow-up:					
# D	Date:			<input type="checkbox"/>	Medication
Purpose:					
Dentist/Ortho:					
Diagnosis:			X-Ray:		
Treatment:					
Follow-up:					
# D	Date:			<input type="checkbox"/>	Medication
Purpose:					
Dentist/Ortho:					
Diagnosis:			X-Ray:		
Treatment:					
Follow-up:					
# D	Date:			<input type="checkbox"/>	Medication
Purpose:					
Dentist/Ortho:					
Diagnosis:			X-Ray:		
Treatment:					
Follow-up:					

FIG. 6

[illegible]

FIG. 7



*Vision*

56

# V  Date: Medication ☐ 58

Purpose:

Physician:

Diagnosis:

Treatment:

Follow-up:

---

# V  Date: Medication ☐

Purpose:

Physician:

Diagnosis:

Treatment:

Follow-up:

---

# V  Date: Medication ☐

Purpose:

Physician:

Diagnosis:

Treatment:

Follow-up:

---

# V  Date: Medication ☐

Purpose:

Physician:

Diagnosis:

Treatment:

Follow-up:

*Vision*

52

FIG. 8

*Medication*

66 Medication: \_\_\_\_\_

68 Instructions: \_\_\_\_\_

Date: \_\_\_\_\_ Qty: <sup>70</sup> \_\_\_\_\_ Refill Info: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prescription #: \_\_\_\_\_ Prescribed By: \_\_\_\_\_

74 Comments: \_\_\_\_\_ Ref.# \_\_\_\_\_ 64

Medication: \_\_\_\_\_ 76

Instructions: \_\_\_\_\_

Date: \_\_\_\_\_ Qty: \_\_\_\_\_ Refill Info: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prescription #: \_\_\_\_\_ Prescribed By: \_\_\_\_\_

Comments: \_\_\_\_\_ Ref.# \_\_\_\_\_ 22

Medication: \_\_\_\_\_

Instructions: \_\_\_\_\_

Date: \_\_\_\_\_ Qty: \_\_\_\_\_ Refill Info: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prescription #: \_\_\_\_\_ Prescribed By: \_\_\_\_\_

Comments: \_\_\_\_\_ Ref.# \_\_\_\_\_

Medication: \_\_\_\_\_

Instructions: \_\_\_\_\_

Date: \_\_\_\_\_ Qty: \_\_\_\_\_ Refill Info: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prescription #: \_\_\_\_\_ Prescribed By: \_\_\_\_\_

Comments: \_\_\_\_\_ Ref.# \_\_\_\_\_

MEDICATION 62

FIG. 9



[illegible]

## Test Results

20

78

149

FIG. 11



### Provider Directory

Types: Veterinarians, Emergency Vet Hospital, Boarder/Kennel,  
Groomer, etc.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Type: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Type: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Type: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

DIRECTORY

FIG. 13

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